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The Ambiguous Relationship between Expertise and Authority

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ABSTRACT: What authority should experts have? The “authority” of “speaking with authority” is not the “authority of “acting with authority.” In decisions shared with experts, we need clearer responsibilities and lines of authority for the non-experts as well as for the experts. A better balance between the experts’ authority and our own, drawing on a wider variety of experts, promises much better-justified decisions.

KEYWORDS: authority, decision making, deep disagreement, experts.

1. INTRODUCTION

Our paradigm of the expert is the expert who is also an authority: the person whose knowledge can and should be the decisive factor in deliberations. What the expert advises is what should be done. The classic examples are the doctor whose medical advice should determine the correct treatment for what ails you, the lawyer whose legal advice will determine whether you have a case worth taking to trial, and the scientist whose knowledge of ecosystems will determine whether your community is drawing unsustainable amounts of water from the aquifer.

However, all of these classic examples also exhibit the problematic lack of authority that handicaps the expert, preventing his or her knowledge from being decisive. The decision is often not in the expert’s hands. The patient can refuse treatment. The client, given deep enough pockets, can go ahead and sue anyway. The water-hogs might be stopped, but more likely by legislation than by scientific testimony alone. The expert has authority in the sense of “speaking with authority,” but not in the sense of “signing authority.”

When we worry about whether we can assess an expert’s credibility accurately enough to make it safe to rely on the experts’ advice or testimony, the expert has an equal and opposite worry: when can he or she rightly insist on having at least a voice in the final decision, or perhaps even cast the deciding vote?

2. THE GAP BETWEEN EXPERTISE AND AUTHORITY

Missing in most discussions of the wise use of experts is any explicit consideration of power. Power, in its simplest form, is the ability to get things done. All of us have at least some power, at least at the level of being able to make some decisions and carry out our intended actions.

“Positional power” (Fisher 1983, November/December)¹ is the added power of formal authority: the right to vote, the right to command, the right to make a binding decision: “signing authority.” We typically do, and should, defer to legitimate authorities: those whose positions give them formal authority to make decisions which bind us. But in both our personal decisions, and in public policy decisions, it is not always clear who is the “legitimate authority.”

For a personal medical decision such as whether to go ahead with surgery, am I the “legitimate authority” since only my signature on the consent form will count? For a public policy issue such as whether to build oil pipelines or permit tanker traffic down the British Columbia coast, how is authority shared? Partial or complete authority—in the sense of entitlement to make binding decisions—could be in the hands of voters, or the politicians they have already voted into public office. It could also be neither of those groups, since none of us have the same level of understanding of the consequences of our decisions as environmentalists, and, in British Columbia, the voters at large do not have a right to speak for the many aboriginal First Nations, who never signed any binding treaties with the Canadian Crown, and whose ancestral lands such as the World Heritage site, Haida Gwaii, are in the path of tanker traffic.

This range of potential authorities reveals the wide spectrum from the “authority” of experts to the “authority” of positional power and signing authority. The environmentalists bring scientific expertise: objective, predictive power about the likely risks of tanker traffic.² The aboriginal people bring lived experience, many generations of knowledge of how the land and sea behave. They and non-natives bring value systems, expertise in the form of setting priorities such as improving the economy, or guaranteeing sustainability. The politicians bring expertise in decision making, the back-room negotiations between interest groups that allow legislation to be crafted with the necessary compromises to get a majority vote. Theirs is the most clearly formal positional power, the power to set public policy, but even they are subject to the power of the courts to declare the legislation unconstitutional and to the power of the electorate to vote out any politician making too many unpopular decisions.

How do we place “expertise” in general, and “scientific expertise” in particular, into this power continuum? However much we worry in logic or rhetoric about the difficulties of weighing the relative merits of expert claims, we don’t worry as often as we ought to about when we should defer to the experts and when they should defer to us. We drift along in a half-way state, confident that whoever isn’t feeling sufficiently heard will speak up at some point, and at that point we can resolve whose knowledge is most accurate and should be given the greatest weight. By blurring together the “authority” of “speaking with authority” and the

¹ Original versions of the classic Harvard “win-win” model of negotiating assumed participants had equal power. In response to criticisms that this is unrealistic, Fisher identified six different types of power and suggested how each type of power plays a role in balancing the power of each negotiator.

² This is not a single type of expertise. As noted in Chantelle Marlors’s (2009) Ph. D thesis, there are distinct differences between the ways research biologists and Department of Fisheries and Oceans biologists construct their knowledge of the abundance of clams. Both contrast sharply with the aboriginal clam diggers’ own ways of knowing the abundance of clams, which is based on direct experience of their traditional patches of beach. One clam digger was incredulous that a scientist in Ottawa, thousands of miles away, could ever know anything at all about clams when the scientists only processed data collected by others and never saw or felt the beach and the clams himself.

“authority” of “acting with authority,” we obscure the crucial variations along that spectrum from knowledge to power.

There is an ideal world in which knowledge and power are co-extensive. It’s an Enlightenment world in which all people are formally equal, and only knowledge and reason can be used to tip the balance to one decision rather than another. In such a world, the expert, who is presumed not only to have knowledge but to reason correctly with that extra knowledge, would indeed be the authority whose word should direct the decisions of others. To the extent that this ideal is our paradigm, we assume that the expert not only can but probably should explain his or her judgment and its rationale well enough for the non-expert to have a crash course in the subject and feel able to understand.

In our less-than-ideal world, the expert’s access to power is not as straightforward, either because he or she doesn’t reason well enough, or because other people do not understand the information or the reasoning well enough to trust the expert’s judgment, or because equally qualified experts disagree. If the defence calls 8 medical witnesses in a personal-injury case and the prosecution calls 9, none of whom can be readily understood by the jury, who should prevail? The standard questions then emerge: for example, how can we assess credibility in the absence of understanding? How can we protect ourselves from unfair liability in the event we rely on an expert who is later found to be at fault?³

We do have criteria for assessing the credibility of experts who speak at a level we cannot personally understand (Goodwin, 2011). The research in this area gives us a much better chance of being able to exercise our own authority with sufficient responsibility. We can at least follow the guidelines to be sure that we have chosen the most credible expert in the most relevant field, and even if we do not fully understand the expert’s reasoning, we can weigh the expert’s recommendation more heavily than our own preferences in reaching a decision.

However, the credibility of expert testimony or advice is a secondary question. The primary question remains the question of power. When should “authority” be located in the expert? Not all experts function in the same capacity, and so not all experts will have equal authority in relation to one another, or more authority than non-experts.

There are a considerable range of expert functions. The advisor/advisee relationship is only one. Others include judge, arbitrator, counsellor, coach, team leader, specialist employee, and provider of services for pay. What varies across the functions is not only the knowledge and the decision-making authority, but also the expectations of non-experts’ entitlement to hear and understand the expert’s judgment.

In some cases, the expert must make his or her knowledge and reasoning transparent to the non-expert. These would be the cases in which we would also be able to expect the non-expert to understand and be able to make wise use of the expert’s judgment. In other cases, it is the expert’s competence in performance that is really at issue, and only the final result or the person’s track record need be evaluated before choosing to pay for expert services. The

³ The studies revealing problems with expert decision-making are numerous. Experts are prone to all of the reasoning errors everyone else makes, even in their area of expertise. A particularly nice example is the study which showed that psychiatrists were less accurate than their clerical staff in making diagnoses. Philip Tetlock (2011), *Expert political judgment: How good is it? How can we know?* (Princeton, NJ: Princeton UP) reviews many of the experiments which showed that expert judgment is notoriously imprecise and inaccurate, especially when used to predict future events and trends. An equally fascinating and discouraging book is Carol Tavis and Elliot Arneson’s (2008) *Mistakes were made (but not by me): Why We Justify Foolish Beliefs, Bad Decisions, and Hurtful Acts* (USA: Mariner Books).

contrast is shown, for example, by the difference between the expertise of a judge and the expertise of a counsellor. A judge or arbitrator has to make his or her reasons for decision clear to the parties. A counsellor does not: as long as the client begins to function in a more successful way, it may not matter what theoretical background the counsellor has brought to the therapy sessions. Similarly, a coach has to be able to share his or her performance knowledge explicitly enough that the athlete in training may surpass the expert, while an elite athlete is under no such obligation to share the secrets of top performance with competitors. A computer security expert employed to keep company data safe and a locksmith who is called in to change the locks are both free to keep their specialist knowledge to themselves—that is precisely what is earning them the fee for their services.

The teacher, professor, or coach whose expertise must be shared with the student/client often operates in a structure in which authority is gradually transferred to the student or client. The whole point of these people's expertise is precisely that they will be able to pass on the expertise, to ensure that the people they teach will understand all the key issues and reasoning, and will be able to perform up to the expected standard. As their performance hits the target levels, they reach the point where their own judgment becomes good enough for them to assume the responsibility for making their own decisions. They may in time even become experts in their own right, and their relationship with their former mentors may become equal and collegial rather than deferential.

In contrast, the chef or locksmith or electrician, whose livelihood depends precisely on not sharing expertise except as a paid-for finished product or service, operates in a structure in which the authority is always divided. The expert always retains authority over exactly how to provide the service, because in that respect his or her expertise is the relevant factor in ensuring not only quality of service but continued demand for the service. You won't come back to the restaurant if you can duplicate the recipe at home. The locksmith who shows how it's done will be out of business. The electrician dare not teach you unless there's some assurance that you will have to do your wiring safely to code. However, you as the customer or client always retain the authority to refuse the service if it does not meet your needs: the service cannot be imposed on you. It is this freedom to refuse that is often the authority we cling to when faced with decisions from authorities which are not to our liking.

Consequently, while it can be crucial to weigh the credibility of an expert, we are often not weighing only their knowledge. I can choose the "best chef" or "best locksmith" the same way I can choose the "best coach," by reputation and performance. What I don't know from these checks is when I should simply put myself in their hands, to get a good meal, get back into my house, or get a better athletic performance, or whether I should insist that I continue to have a say in the decisions they make. The "freedom to refuse" is a very limited amount of control over the decision making. It leaves me in or out: often a false dilemma. Often we want more authority than that, but less than a fully shared decision. We want the type of authority used in negotiation: the freedom to question the terms of the deal. Can I insist the chef leave out the salt, or the locksmith open only the side door instead of the one in full view of the street, or make the coach negotiate with me on what the training regimen will be? I cannot completely control the outcome of the negotiation. They have a responsibility to their own role and expertise to exercise at least some authority over how their expertise may be used. At the same time, I can expect at least the authority to expect an answer as to why my request cannot be granted. Will there be further discussion? Must we reach a consensus on whether a deal is or is not possible?

It will not always be obvious how much authority the expert and non-expert should each have. Our assessment of expertise should include not just when to value expert advice, but when our decision-making power as non-experts should be reduced accordingly. When can the expert make it “her way or the highway,” and when can the non-expert cheerfully and justifiably ignore the expert? We have a number of practice-based guidelines, but no solid principles for power sharing. This is due in part to what seems to be an ongoing shift away from seeing experts as “authorities” who should be exercising decision-making power.

The shift might be due at least in part to the fact that it is scientific expertise—whether medical, environmental, or technological—which for most of the twentieth century was the respected form of expertise. Scientific expertise offers a specific and somewhat unusual place in the spectrum of expertise. Scientific expertise is supposed to be more objective than many other kinds of expertise. An astronomer assessing the risk of an asteroid hitting the earth is not expected to take a stance on whether the asteroid strike is or is not desirable. The expert chef assessing the taste of a new dish is expected to have a personal goal at stake: will this dish draw in more customers? The nutritionist assessing the nutritional value of this dish, however, might also be an advocate for healthier eating, and therefore be neither as purely objective as the scientist nor as clearly profit-driven as the chef.

Can the nutritionist have enough power to enforce a good dietary regime on you? In a hospital or care home, a nutritionist certainly can: if you have any menu choice at all, it will be between items the hospital dietician has decided are good for you. But are those choices optimal? The dietician may not have enough authority to compel the hospital to offer the best possible choices, if those choices are not as economical as some less nutritious but still healthy choices. The dietician has even less authority to help set public policy on vending machines in public schools or on menu choices in local restaurants. Are we eating ourselves into diabetes and heart attacks? Nutritional science can only make its message clear enough to be understood by the public; it cannot enforce compliance with a better diet. Our question about the authority of the expert is not just about the quality of the nutritional advice, but about the proper level of authority of the expert: the amount of power a dietician should have to enforce our dietary choices.

When we use scientists as the paradigm of experts, it seems strange that we would ignore their advice. Yes, as citizens we have the right to vote instead of letting them decide for us—but surely we would expect that at least a majority of us would be reasonable enough to listen to and vote based on their advice. But the paradox is already built into why we valued their expertise in the first place: they are, after all, objective in their advice, not pushing us in any direction the facts should not take us. It is not clear that “the facts” and the scientists’ understanding of their significance, even assuming they reason correctly from their knowledge, should be enough to guide our decision: we have always had at least that authority of “freedom to choose,” freedom to reject any advice.

There are two issues in balancing power. The first is that there is no straightforward way to balance the power between experts in different fields—to determine the relative “signing authority” of experts with equal “speaking authority” in their respective fields. The other is that the guidelines in place for making decisions may give signing authority to parties who hire the experts, and can contractually constrain the experts’ authority.

Consider, for example, a patient-care team in a hospital where a team decision is required before surgery can be scheduled.⁴ The team is chosen precisely in order to bring to bear a range of relevant expertise covering different factors in the case: for example, a decision on a child's surgery might include a paediatric surgeon, a child-welfare specialist, a nurse, and a physiotherapist. In a difficult case, where the surgery involves the brain or vital organs, the choice might be between surgery and palliative care (if the surgery has insufficient chance of success). In such circumstances, the surgeon may believe that understanding whether surgical intervention could help is the most crucial expertise in deciding whether to go ahead with the surgery. The nurse might argue that an understanding of how palliative care maximizes quality of life is the most crucial. The child welfare specialist might argue that it is crucial to understand whether the family's circumstances and values are more compatible with taking the risk of surgery or facing the finality of palliative care. Each could actively try to sway other members of the team and each could be correspondingly frustrated if they cannot persuade the others.

Understandable as their frustration might be, the patient-care team illustrates why decisions involving more than a single type of expertise often have no straightforward lines of authority. Nurses have expertise in patient care and education that is a different type of expertise from a surgeon's knowledge of the patient's medical problem. Child-welfare advocates understand the pressures on the family inside and outside the hospital in ways neither the nurse nor surgeon does. Ideally, they will share their expertise to reach consensus,⁵ but if they don't, then what? A majority vote is a possibility, but the only reason to let "signing authority" lie with the majority is the assumption that the majority vote represents a decision that has more factors in its favour than any of the minority alternatives.

Typically, when an expert team cannot reach a decision, there is an authority structure that must step in: for a patient-care team, for example, it would likely be the hospital ethics board, which has principles it will apply as a matter of policy where the experts disagree. The ethics board is the *de facto* authority, but it stands in much the same relation to the experts and to the patients' families as the politicians do to their scientific advisors and to voters at large. It has the right to design a policy, and the considerations it is guided by might be completely unrelated to the medical expertise of the experts or the preferences of the patients' families. For example, it usually considers the legal liability for failing at "too risky" a surgery, and it probably also has an ethics policy like those of many large organizations which is explicitly utilitarian, to maximize results on a limited budget, and this ethical code may not at all accord with the actual beliefs and values of patients' families.

The patient-care team illustrates, therefore, not only the difficulty of spreading authority across multiple experts, but also the problem that their authority in total is still limited by the scope of their employment. They have the authority to use their expertise to its fullest in making a case for what is in their opinion the best decision. For some decisions, they will have signing authority; for others, they have at most one vote in a group decision; for still others, they have no vote at all. They are not employed to set the hospital's policies, and can at

⁴ The example is presented generically but the procedure is taken from a real example, examined in detail in a student research interview (personal communication, December 2011). All identifying details, including the interviewer's name, have been omitted to preserve confidentiality.

⁵ For example, the city of Abbotsford formed decision-making teams with police, social workers and a variety of other community services, to consult with each other on plans of action for the community, especially in its downtown core which had an exceptionally high crime rate.

most use their expertise to lobby the authorities above them to set policies they recommend. Is this the right scope of authority just because their employment contract is structured to limit their responsibilities to the cases they handle? I would consider this an open question. Medical decisions require such a complex blend of ethical and physiological considerations, it is by no means obvious that the top-level decision making on hospital policy is done by people with a better claim to expertise or wiser use of power.

Limited authority outside the scope of employment (and even within it) is not true of all occupations, and therefore not of all experts. For some, the authority that comes with their expertise and employment is “signing authority.” For example, a fire chief or police officer will not take time to consult your wishes in ordering you out of a dangerous situation. As a matter of public policy, your safety has been determined to outrank your right to understand. Therefore these experts have been given the formal authority to make you obey first and question later, regardless of whether you personally would rank your safety as paramount. And they do have the knowledge base to make a better decision than you can on what is safe. You may have the right to refuse an evacuation order—Harry Truman on Mt. St. Helens being one of the best-known examples—but this is an example of rejecting expert advice, and resisting authority, not an example of the authorities having only expert knowledge with which to sway the non-expert’s decision.

As with the patient’s family in a paediatric surgery case, evacuees are not consulted about the policies with which they will be expected to comply. The homeowners might resist evacuation but must do so knowing no aid of any kind will be in place if they stay. The parents might refuse surgery if it is offered—but if surgery is not offered, typically they cannot compel it to happen. The most they can do is seek another surgeon, another team, or another hospital. In many cases, public policy has been decided far in advance of members of the public having any definite say in that decision. Neither they nor the most “objective” experts have any guarantee of having enough authority to sway a decision.

This shifts the nature of our quest. Finding the right signing authority may not be a matter of choosing between types of relevant expertise or between pre-existing rights to choose or to refuse. It may, instead, be a matter of attending to the process of choosing. If decision-making authority is to be shared, we presumably want to avoid closed-mindedness to one another’s expertise just as much as we want to avoid being gullible and falling prey to an “investment guru” whose expertise is less than our own.

We like the notion of being well-informed but independent in our judgment, to the extent that when it comes to policy decisions, we are sceptical of policy set at the hospital administration level, and downright distrustful of policy set at the government level. We particularly want to avoid being controlled by politicians whose capacity to persuade us relies on the very deep pockets of the special interest groups whose motives we suspect.

This puts us in the position where the central question of authority arises in policy debates. Where should the authority be located? Unlike private enterprise, public organizations and government cannot claim that their senior executives are by definition the right authorities to make the decisions. In theory, policy debate is democratic and we all have influence as voters, but in practice the decisions are made after the politicians are elected and often in spite of what they heard in any public forum or from any scientific briefing paper. Unlike scientists, politicians do not have a reputation as objective fact-finders and decision-makers. However, politicians are no less “expert” in their own way. They have a form of expertise that is typically crucial to the development of policies: they know how to get things done. They have an

expertise in bringing together people with disparate interests and skilfully negotiating sufficient common ground to develop legislation that will receive a majority vote.

This expertise is significant in the decision-making process, not just in the content of the decision. One of the frustrations of an objective expert—be she a scientist or a philosopher—is that people often “just won’t listen” to the incontrovertible facts and the objective argument that ought, the expert believes, to be absolutely crucial in the formation of policy. Rejecting advice is common in corporate and political circles, and resisting authority is common among both the oppressed and the free. The shanty-town dweller, ordered to move for new development, can stay on until the bulldozer comes and the journalists with it. The telecommunications expert can recommend the best current technology to update the office phone system, and the boss can simply say, “But that’s not Bell Canada,” and reject the proposal.

The frustration with seeing good advice ignored often comes because the “objective” expert may lack, or even scorn, the politician’s skills in figuring out how to make people listen. It’s not uncommon, even, for such people to scorn the necessary negotiating skills—“that’s all politics”; “I don’t do politics”; “politics is a dirty business.”

This is a matter not only of rhetoric but also of philosophy, because we are often dealing with “deep disagreements” (Fogelin, 1985/2005),⁶ issues on which not only “office politics” but public policy must face fundamental differences in belief: about the importance of independence versus conformity, about the value of quality of life versus life itself, about the economy now versus the environment seven generations from now.

At this level of decision making we are in a realm where even expertise in ethics or philosophy cannot put forward a single best decision. There is no obvious “authority” on these issues—at best we have “signing authorities” whose decision making we may not agree with but whose entitlement to decide we can respect.

And here again is one of the difficulties of designing a better paradigm for decision-makers. We may not want to defer automatically to the expert, but nor do we necessarily know what it takes to assume responsibility ourselves. One component of decision making that is often under-examined is how much responsibility is expected of the non-expert.

For example, consider the current state of patient-doctor decision making. My mother had undergone several series of cancer treatments before she asked me—not the doctors!—“What is cancer, anyway?” There was a time when her behaviour would have been exactly what was expected of a patient. “Informed consent” in fact didn’t mean much more than ensuring the patient was sufficiently oriented to time and place to count as rational, explaining the procedure, and getting the patient to sign on the dotted line where required. Even today, when I was given the consent form for “phacoemulsification cataract extraction with intraocular lens implant,” I got impatient responses to my queries about details on the form. “It’s just the standard form” meant “you’re not supposed to think about it.” But if I don’t read the form, and the cancer patient doesn’t ask, “What is cancer?” it’s understandable behaviour, but it also seems like unjustifiable reluctance to take proper responsibility for one’s own care.

The objective experts do help. That cataract surgery was explained in detail on reputable medical sites on the internet, and although there was nothing there related to the atypical features in my case, my ophthalmologist and opticians were both able to explain exactly why my experience of the surgery and recovery would be different from the norm. By

⁶ This term originates with Robert Fogelin and has become a useful category to cover all disputes which have no apparent common ground on which to begin arguing towards agreement.

the time I got back to the corneal specialist to confirm the details of the operation, I was well enough informed to be confident I could make a sound decision.

However, there is one important element that is not enforced on me in exercising my authority in this situation. The surgeon is required to exercise due diligence and follow his professional code of ethics. I have no such constraint on me. As the medical examples illustrate, we are in an evolving paradigm of what “expert authority” is. Where once the expert would be making the decision and simply ensuring I consented, I am now more often in the position to make the decision myself based on expert advice. Similarly, in the public area, there is less authority granted automatically to science, and, in Canada in particular, greater authority granted to the aboriginal peoples’ distinctive decision-making methods not only for themselves but also in increased consensus-based decision making by all stakeholders, not just by expert representatives.

As the paradigm shifts to greater consultation and a larger share in the decision making, the problem is that the down-grading of the experts’ authority has not been matched by any corresponding pressure on me to exercise my authority more wisely when I must make a decision or cast a vote. Certainly, I am not prevented from researching diligently and consulting multiple sources for a variety of expertise. But I have to tell an embarrassing story against myself as an expert in decision-making theory to illustrate the point. It was not until I used the very situation of my impending eye surgery as the foundation for a class role-play on decision making that I even thought I ought to be asking myself what was important to me in this situation: what I wanted, expected, or needed, or how my options appeared from the broader perspective of my life and body changing as I age and not just the perspective of what would make it possible to grade papers by the end of term. In other words, I had still been construing my responsibility in the situation only in terms reading the consent form carefully and understanding the reasons to do the surgery now or wait until later—I had been considering only my “freedom to refuse.”

Until a chance encounter with a “business coach” (anonymous source, personal communications, October 2011, February 2012), it would not even have occurred to me to add into my decision making anyone except people with some knowledge—expert or simply personal—of the surgery itself.

“Business coaching” illustrates nicely one of the forms of expertise that is unrelated to content-area knowledge.⁷ It is one of the many forms of decision support. It provides expertise in the process of working through the stages of a decision, including where necessary the objective assessment of one’s own reasons. What “business coaching” does is to hold people who have signing authority, such as CEOs, CFOs, and other senior executives, accountable for using wiser decision-making processes. The “coaches” do not offer business expertise of their own—they are not expert consultants. They are expert listeners, trained to ask questions which will make an executive think through his or her own reasons and expectations in far more detail than would normally happen in the rush of a business day. They ensure accountability by making the executive set deadlines to move events forward until a decision or plan for action is in place. In exercising his or her existing “signing authority,” the executive can now be more confident that the authority was exercised responsibly. (The popularity of this form of coaching is that its results can be measured in efficiency and productivity, not merely personal satisfaction.)

⁷ Sample texts in the area include *Coaching in Organizations*, Madeleine Homan and Linda Miller (John Wiley & Sons, 2008).

The presence of a coach imposes an obligation to recognize and carry out one's own responsibility with respect to how one makes a decision. If I am to play an equal or a decisive role in a decision, then I am supposed to exercise my authority responsibly. I had had plenty of opportunity in the real eye surgery situation to consult myself. In the role play, I first "consulted" my experts and then sat before a "life coach," who had been given instructions to ask me explicitly, "What is important to you?" Even knowing it was coming, the question startled me when I had to answer it. Then and only then did I begin to deal with this aspect of the decision—fortunately, before binding decisions had been made. When I did think about these things, the decision began for the first time to fall into a more manageable perspective. What could and should be done depended in part on how I saw the options in relation to my values.

Recognizing the need to consult my values explicitly instead of assuming they will simply come into play permits me to reconsider the nature of my own authority in this medical decision. What support do I need, from which experts, to exercise my signing authority wisely? It isn't just the effort of my own thinking; it likely needs the prompts from experts in reasoning and decision making. What should the expert surgeon bring, and what should the surgeon do in consulting with me, before lifting the scalpel? It isn't just to know what acuity of vision is possible and is normally recommended; it is also to find out whether I actually want maximum vision correction or not.

I need a much clearer vision of what authority I have and what responsibilities go with that. We in general need not only a clearer vision of what responsibilities come with authority but a more explicit discussion of how we want authority to be re-assigned in shared decision making.

3. CONCLUSION

How do we, in public policy decisions, include and properly weigh the advice of the right experts in decision making? We are often in the realm where no amount of objective scientific expertise—and for that matter, not even objective philosophical expertise in ethics—could suffice to guide our actions or policies. Where "truth" is not heard, or is heard but is rejected as untruth, we need additional sets of expert skills. These are the skills in decision-making processes that are still seldom called on, even though our decision-making paradigms are shifting away from reliance on the knowledge expert.

One such set of skills is direct expertise in decision-making processes, which for me must include both negotiation and dispute resolution as the components frequently required to reach a group decision. When we have authority, we need expertise in how to exercise it. And this is a form of expertise we cannot outsource completely to content-area experts.

We all, expert and non-expert alike, need to seek out and respect the advice of experts in decision making, so that our standard for accountability in decisions is not merely the common standard given in "Roberts' Rules" (parliamentary procedure): namely, being "sufficiently informed." We need the higher standard of "sufficiently skilled" decision making. This will necessarily include skills in weighing expertise, but also will include skills in consultation and co-operation, skills of negotiation, mediation, and peace-making.

However, even these skills are at most a partial answer to the question of how we allocate authority to experts and non-experts in decisions. We do not have a ready answer to

when values must trump economic considerations, or when individual rights trump expert judgment even if the resulting decision is terrible.

I notice that the current term “Research Ethics” is gradually being replaced by “Responsibility in Research” (“Responsible,” 2012). This suggests that we are indeed moving towards an “accountability” model of performance—not the compliance with some particular code of ethics, but the responsibility of carrying out tasks which assure the reliability and integrity of our conduct.

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